

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1					
2								
3			1					
4								
5				2				
6				2				
7				2				
8								
9								
10				2				
11				2				
12				1				
13				1				
14				2				
15				2				
16				1				
17				1				
18			1					
19			1					
20				2				
21				2				
22				2				
23				2				
24				2				
25				1				
26				1				
27				2				
28				2				
29				1				
30								
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42								
43								
44								
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47								
48								
49								
50								
TOTAL IND.			4					
TOTAL DEP.			36					
TOTAL CLAIMS			40					
51								
52								
53								
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55								
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57								
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93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/830647</b>	FILING DATE					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		4					64						
15		4					65						
16		2					66						
17		2					67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	30	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	34						TOTAL CLAIMS						

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